

STATUS OF PROBES/INDICATORS REVIEWED; BOXES SHADED IN GRAY INDICATE PROBES THAT HAVE THE NA OPTION OMITTED.

INITIAL SURVEY			FOLLOW-UP		INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	
					FOCUS AREA I: The provider meets qualifications for waiver services being delivered.
					I.A.1 DDRS approval to provide services: Is the provider approved for providing all of the services they're currently providing? 460 IAC 6-5-2; 6-5-3; 6-5-4; 6-5-34; 6-5-11; 6-5-13; 6-5-15; 6-5-17; 6-5-18; 6-5-19; 6-5-20; 6-5-22; 6-5-23; 6-5-24; 6-5-26; 6-5-27; 6-5-28; 6-5-29; 6-5-30; 6-5-21; Service Definition and Documentation Standards (OA20081107); Bulletin October 2, 2009
					I.A.1.1 The provider shall produce an active provider agreement with DDRS documenting approval as a provider for this service, <u>only when</u> INsite lists this service as approved for this provider: E.g., letter from FSSA approving services, copy of agreement; Verify approved services in INSITE prior to survey.; Applicable for probes I.A.1.1-I.A.1.29, I.A.31.
					I.A.2 Transportation: Does the provider meet the requirements for transportation per 460 IAC 6-5-30 and 460 IAC 6-34?
					I.A.2.1 Documentation confirming that the provider is one of the following: A community intellectual disabilities and other developmental disabilities center; A community mental health center; A child care center licensed pursuant to IC 12-17.2-2-4; or, Otherwise approved to provide a service or services under 460 IAC 6.
					I.A.2.2 Certification that any provider employee transporting individuals has the appropriate driver's license (operator's license; chauffeur's license; public passenger chauffeur's license; or commercial driver's license) to drive the type of motor vehicle for which the license was issued.
					I.A.2.3 Evidence that all vehicles used by the provider to transport individuals are:
					1.A.2.3.a - Maintained in good repair (How does the provider assure? Seek evidence);
					1.A.2.3.b - Properly registered with the Indiana Bureau of Motor Vehicles;
					1.A.2.3.c - Insured as required under Indiana law.
					I.A.2.4 Documentation of liability insurance for all vehicles owned or leased by the provider to transport individuals covering:
					I.A.2.4.a - Personal injury;
					I.A.2.4.b - Loss of life; and
					I.A.2.4.c - Property damage.
					If the transportation requirements are not met and provider is providing one or more of the following services: I.A.3 – Adult Day Service* I.A.7 – Community Based Habilitation – group* I.A.8 – Community Based Habilitation – individual* I.A.12 – Facility Based Habilitation – group* I.A.13 – Facility Based Habilitation – individual* I.A.14 – Facility Based Support Services* I.A.23 – Residential Habilitation and Support I.A.27 – Supported Employment* I.A.29 – Workplace Assistance The corresponding probe and indicator for these services will not be met. The surveyor can document the finding in the appropriate section as “SEE FINDING FOR I.A.2.” However, if a provider is accredited for the services noted with an (*), please do not cite the corresponding indicator.
					I.A.3 Adult Day Service: If accredited, I.A.3 will be skipped and the remaining waiver services not categorized as day service will be evaluated. Does the provider meet the requirements for adult day service per 460 IAC 6-5-2? (and waiver application requirement - pg. 61)
					I.A.3.1 The provider will produce current DDRS approval to provide adult day service under 460 IAC 6.
					I.A.3.2 The provider will meet the requirements for transportation services per 460 IAC 6. (waiver application requirement - pg. 61) Use probes and documentation requirements found at service “Transportation”.
					I.A.4 Adult Foster Care: Does the provider meet the requirements for adult foster care at 460 IAC 6-5-3?
					I.A.4.1 The provider will produce current DDRS approval to provide a service or services under 460 IAC 6.
					I.A.5 Behavioral Support Services. Level 1 Clinician: Does the provider meet the requirements for behavioral support services, Level 1 clinician per 460 IAC 6-5-4(c)?
					I.A.5.1 FOR APPROVALS DATED PRIOR TO JANUARY 1, 2003 ONLY: (1 st requirement) The provider will produce (relevant ONLY to approvals dated prior to January 1, 2003):
					I.A.5.1.a - At least a master's degree in: (i) a behavioral science; (ii) special education; or (iii) social work; and
					I.A.5.1.b - Evidence of 5 years of experience in: (i) working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and (ii) the supervision and training of others in the implementation of behavioral support plans; and
					I.A.5.1.c - Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category I sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.
					I.A.5.2 For licensed psychologists, does the provider meet the requirements for behavioral support services at 460 IAC 6-5-4(b)? (2 nd requirement) The provider will produce:

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NA	MET	NOT MET	MET	NOT MET	
					I.A.5.2.a - A psychologist license per IC25-33;
					I.A.5.2.b - A current endorsement as a Health Service Provider in Psychology per IC 25-33-1-5.1(c); and
					I.A.5.2.c - Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category I sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.
					I.A.6 Behavioral Support Services. Level 2 Clinician: Does the provider meet the requirements for behavioral support services, Level 2 clinician per 460 IAC 6-5-4(c)?
					I.A.6.1 The provider will produce documentation confirming at least <u>one</u> of the following requirements: Have a master's degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology; or Be a licensed marriage and family therapist licensed under IC 25-23.6; or Be a licensed clinical social worker under IC 25-23.6; or Be a licensed mental health counselor under IC 25-23.6; or Have a master's degree in a human services field and be able to demonstrate to the BDDS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans.
					I.A.6.2 The provider will produce documentation confirming the level 2 clinician is supervised by a Level 1 clinician.
					I.A.6.3 The provider will produce documentation confirming <u>one</u> of the following: Have documentation demonstrating either ten (10) continuing education hours related to the practice of behavioral supports annually for the past three years; or Documentation of enrollment in a master's level program in clinical psychology, counseling psychology, school psychology, or another applied health services are of psychology, special education, or social work; or Documentation of enrollment in a doctoral program in psychology.
					I.A.7 Community Based Habilitation – group: If accredited, I.A.7 will be skipped and the remaining waiver services not categorized as day service will be evaluated. Does the provider meet Community based habilitation –group requirements? (waiver application requirement - pg. 100)
					I.A.7.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.8 Community Based Habilitation – Individual: If accredited, I.A.8 will be skipped and the remaining waiver services not categorized as day service will be evaluated. Does the provider meet community based habilitation - individual requirements? (waiver application requirement - pg. 104)
					I.A.8.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.9 Community Transition: Does the provider meet the qualifications for community transition per 460 IAC 6-5-34?
					I.A.9.1 The provider will produce an active provider agreement with DDRS documenting approval as a residential living allowance and management services.
					I.A.10 Electronic Monitoring: Does the provider meet electronic monitoring requirements? (waiver application requirement - pg 111)
					I.A.10.1 An active provider agreement with DDRS documenting approval as a residential habilitation and support provider;
					I.A.11 Environmental Modification Supports: Does the provider meet the qualifications for environmental modification supports per 460 IAC 6-5-11?
					I.A.11.1 The provider will produce an active license or certification for each type of environmental modification support service being provided: License: Home Inspector IC 25-20.2; Plumber IC 25-28.5; Physical Therapist IC 25-27-1; Speech/Language Therapist IC 25-35.6; Certification: Architect IC 25-4-1; Occupational Therapist IC 25-23.5
					I.A.11.2 The provider will maintain the following documentation:
					I.A.11.2.a - Documentation of being bonded. Provider Relations Ancillary Services Checklist Part 4
					I.A.11.2.b - The installation date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.11.2.c - The maintenance date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.11.2.d - A change made to any adaptive aid or device, assistive technology, or other equipment, including any: alteration; correction; or replacement.
					I.A.11.3 All environmental modification supports provided to an individual under this rule shall be warranted for at least 90 days.
					I.A.12 Facility Based Habilitation – Group: If accredited, I.A.12 will be skipped and the remaining waiver services not categorized as day service will be evaluated. Does the provider meet the requirements for facility based habilitation - group? (waiver application requirement pg. 116)
					I.A.12.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.13 Facility Based Habilitation – Individual: If accredited, I.A.13 will be skipped and the remaining waiver services not categorized as day service will be evaluated. Does the provider meet the requirements for facility based habilitation - individual? (waiver application requirement pg. 119)
					I.A.13.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.14 Facility Based Support Services: Does the provider meet the requirements for facility based support services? (waiver application requirement pg. 122)
					I.A.14.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.15 Family and Caregiver Training: Does the provider meet the requirements for family and caregiver training per 460 IAC 6-5-13?
					I.A.15.1 The provider will produce an active provider agreement with the DDRS documenting approval as a residential habilitation and support provider.
					I.A.16 Intensive Behavior Intervention Services: Does the provider meet the requirements for Intensive behavior intervention services? (waiver application requirement pg. 128 & 129)
					I.A.16.1 An active license for the IBI Director that certifies the IBI Director is either a licensed Psychologist under IC 25-33 or a licensed Psychiatrist under IC 25-22.5; and
					I.A.16.2 An active license for the IBI Case Supervisor that certifies the IBI Case Supervisor as a Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst.
					I.A.17 Music Therapy: Does the provider meet the requirements for music therapy per 460 IAC 6-5-15?

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					I.A.17.1 The provider will produce an active certification for each therapist by the National Association of Music Therapists.
					I.A.18 Occupational Therapy: Does the provider meet the requirements for occupational therapy per 460 IAC 6-5-17?
					I.A.18.1 Occupational therapists providing services, per IC 25-23.5;
					I.A.18.2 Occupational therapy assistants providing services, per IC 25-23.5-5;
					I.A.18.3 Occupational therapy aides providing services, per IC 25-23.5-1-5.5 and 844 IAC 10-6.
					I.A.19 Personal Emergency Response System Supports: Does the provider meet the requirements for personal emergency response system supports per 460 IAC 6-5-18?
					I.A.19.1 be licensed, certified, registered or otherwise properly qualified under federal, state or local laws applicable to the particular service that the applicant is performing.
					I.A.19.2 Maintain the following documentation regarding support provided to an individual:
					I.A.19.2.a - The installation date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.19.2.b - The maintenance date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.19.2.c - A change made to any adaptive aid or device, assistive technology, or other equipment, including any: alteration; correction; or replacement.
					I.A.19.3 Warrant all specialized medical equipment and supplies provided to an individual under this rule for at least 90 days.
					I.A.20 Physical Therapy: Does the provider meet physical therapy requirements per 460 IAC 6-5-19?
					I.A.20.1 An active license per IC 25-27-1 for each physical therapist providing services; and
					I.A.20.2 An active certification per IC 25-27-1 for each physical therapy assistant providing services.
					I.A.21 Recreational Therapy: Does the provider meet the requirements for recreational therapy per 460 IAC 6-5-22?
					I.A.21.1 The provider will produce an active recreational therapy certification from the Council for Therapeutic Recreation.
					I.A.22 Rent and food for unrelated live-in caregiver: Does the provider meet the requirements for rent and food for unrelated live-in caregiver per 460 IAC 6-5-23?
					I.A.22.1 The provider will produce an active provider agreement with DDRS documenting approval as a Residential Habilitation and Support provider.
					I.A.23 Residential Habilitation and Support: Does the provider meet the requirements for residential habilitation and support per 460 IAC 6-5-24? (& waiver application requirement pg. 70)
					I.A.23.1 Compliance with transportation requirements per 460 IAC 6-34 (Use probes and documentation requirements found at service "Transportation").
					I.A.24 Respite: Does the provider meet the requirements for respite per 460 IAC 6-5-26? (& waiver application requirement - pg. 73)
					I.A.24.1 Produce documentation confirming the provider as one of the following: A home health agency; A currently DDRS approved adult day services provider; or An entity providing DDRS approved residential services to unrelated individuals.
					I.A.24.2 When a home health agency, in addition to the above:
					I.A.24.2.a - Produce a home health agency license per IC 16-27-1; and
					I.A.24.2.b - Produce evidence that their home health aides are registered per IC 16-27-1.5
					I.A.25 Specialized Medical Equipment & Supplies: Does the provider meet the requirements for specialized medical equipment & supplies per 460 IAC 6-5-27?
					I.A.25.1 Produce a license, certificate, registration, or other proper qualification required under federal, state, or local laws applicable to the particular service that the applicant is performing.
					I.A.25.2 Maintain the following documentation regarding support provided to an individual:
					I.A.25.2.a - The installation date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.25.2.b - The maintenance date of any adaptive aid or device, assistive technology, or other equipment;
					I.A.25.2.c - A change made to any adaptive aid or device, assistive technology, or other equipment, including any: alteration; correction; or replacement.
					I.A.25.3 Warrant all specialized medical equipment and supplies provided to an individual under this rule for at least ninety (90) days.
					I.A.26 Speech-Language Therapy: Does the provider meet the Speech-language provider qualifications per 460 IAC 6-5-28?
					I.A.26.1 A current speech-language license per IC 25-35.6 for any speech-language pathologist providing services;
					I.A.26.2 Documentation confirming any speech-language aide providing services conforms to the definition at IC 25-35.6-1-2; and
					I.A.26.3 A current registration for any speech language aide providing services per 880 IAC 1-2.
					I.A.27 Supported Employment: <i>If accredited, I.A.27 will be skipped and the remaining waiver services not categorized as day service will be evaluated.</i> Does the provider meet the requirements for supported employment per 460 IAC 6-5-29? (& waiver application pg. 79)
					I.A.27.1 The provider will provide documentation confirming accreditation, or application for accreditation, from <u>one</u> of the following: The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; The Council on Quality and Leadership in Supports for People with Disabilities or its successor; The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor; The National Commission on Quality Assurance or its successor; or An independent national accreditation organization approved by the secretary.
					I.A.27.2 The provider will meet the requirements for transportation per 460 IAC 6-34. Use probes and documentation requirements found at service "Transportation".
					I.A.28 Therapy (Psychological) Services: Does the provider meet requirements for therapy services (psychological) requirements per 460 IAC 6-5-21?

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NA	MET	NOT MET	MET	NOT MET	
					I.A.28.1 The provider will produce documents confirming the provider is <u>one</u> of the following: A psychologist licensed under IC 25-33-1 having an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c); A marriage and family therapist licensed under IC 25-23.6; A clinical social worker licensed under IC 25-23.6; or A mental health counselor licensed under IC 25-23.6.
					I.A.29 Workplace Assistance: Does the provider meet the workplace assistance requirements? (waiver application requirement - pg. 145)
					I.A.29.1 The provider will meet the requirements for transportation per 460 IAC 6-34? Use probes and documentation requirements found at service "Transportation".
					I.A.30 Insurance: Does the provider meet the requirements for an active insurance policy per 460 IAC 6-12?
					I.A.30.1 Personal injury to an individual 460 IAC 6-12-2(1)
					I.A.30.2 Loss of life to an individual 460 IAC 6-12-2(2)
					I.A.30.3 Property damage to an individual 460 IAC 6-12-2(3)
					I.A.30.4 Documentation of Workers Compensation coverage according to IC 22-3-2? DDRS Policy: Insurance Requirements of Providers, eff. 2-28-11
					I.A.31 Pre – Vocational: <i>If accredited, I.A.31 will be skipped and the remaining waiver services not categorized as day service will be evaluated.</i> Does the provider meet the requirements for Pre - Vocational Services per 460 IAC 6-5-20?
					I.A.31.1 Be at least eighteen (18) years of age.
					FOCUS AREA II: The provider has policies and procedures to ensure the rights of Individuals, to direct appropriate services, and to support and manage employees.
					II.A.1 Provider Complaint Procedure: Does the provider have a written procedure for handling complaints from individuals receiving services? 460 IAC 6-8-3(5)(B). The written complaint procedure will include:
					II.A.1.1 Components for processing and decision making;
					II.A.1.2 Mandate for processing and decision making to occur within two (2) weeks of receiving the complaint; and
					II.A.1.3 Methods for informing individuals of the complaint procedure in writing, and in the individual's usual mode of communication. 460 IAC 6-8-3(4)(5)
					II.A.2 Written procedures for prohibiting violations of individual rights: Does the provider have written policies and procedures that prohibit its employees/agents from violating individuals' rights per 460 IAC 6-9?
					II.A.2.1 The provider will produce written policies and procedures which include prohibitions against:
					II.A.2.1.a - Abusing, neglecting, exploiting, and mistreating individuals 460 IAC 6-9-3(b)(1)
					II.A.2.1.b - Violating an individual's rights 460 IAC 6-9-3(b)(2)
					II.A.2.1.c - Corporal punishment which includes: Forced physical activity; hitting; pinching; the application of painful or noxious stimuli; the use of electric shock; the infliction of physical pain? 460 IAC 6-9-3(c)(1)
					II.A.2.1.d - Seclusion alone in an area from which exit is prohibited? 460 IAC 6-9-3(c)(2)
					II.A.2.1.e - Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; or Cause the individual to react in a negative manner? 460 IAC 6-9-3(c)(3); DDRS Policy: Protection of Individual Rights, eff. 2-28-11
					II.A.2.1.f - A practice which denies the individual of any of the following without a physician's order: Sleep; Shelter; Food; Drink; Physical movement for prolonged periods of time; Medical care or treatment; Use of bathroom facilities? 460 IAC 6-9-3(c)(4)(A)
					II.A.2.1.g - A practice which denies the individual work or chores benefiting others without pay or pay below minimum wages unless: The Provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates; The services are being performed by an Individual in the Individual's own residence as a normal and customary part of housekeeping and maintenance duties; or An Individual desires to perform volunteer work in the community? DDRS Policy: Protection of Individual Rights, eff. 2-28-11
					II.A.2.1.h - Conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident 460 IAC 6-9-4(k)
					II.A.2.1.i - Reporting violations of the provider's policies and procedures to the provider 460 IAC 6-9-4(m)
					II.A.2.1.j - Investigating rights violations and incidents which includes immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment 460 IAC 6-9-4(k)
					II.A.3 Written procedure for informing the individual of service and health status: Does the provider have a written procedure for informing the individual on a regular basis as specified by the individual's ISP?
					II.A.3.1 Medical condition 460 IAC 6-9-4(b)(1)
					II.A.3.2 Developmental status 460 IAC 6-9-4(b)(2)
					II.A.3.3 Behavioral status 460 IAC 6-9-4(b)(2)
					II.A.3.4 Risk of treatment 460 IAC 6-9-4(b)(3)
					II.A.3.5 Right to refuse treatment 460 IAC 6-9-4(b)(4)

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NA	MET	NOT MET	MET	NOT MET	
					II.A.4 Protocol to Ensure Individual Freedoms: Except for OT, PT, music therapy and speech-language therapy providers: Do all other providers have a written protocol for ensuring individuals' rights as outlined in 460 IAC and DDRS Policies?
					II.A.4.1 Ensure that an individual is free from unnecessary medications and restraints 460 IAC 6-9-4(c)
					II.A.4.2 Reduce an individual's dependence on medications and restraints 460 IAC 6-9-4(d); DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Use of Restrictive Interventions, Including Restraint eff. 2-28-11
					II.A.4.3 Ensure an individual:
					II.A.4.3.a - Has the opportunity for personal privacy 460 IAC 6-9-4(e);
					II.A.4.3.b - Is not compelled to provide services for a provider 460 IAC 6-9-4(f)(1);
					II.A.4.3.c - Who works voluntarily for a provider is compensated at the prevailing wage, and commensurate with the individual's abilities 460 IAC 6-9-4(f)(2);
					II.A.4.3.d - Has the opportunity to communicate, associate, and meet privately with persons of the individual's choosing 460 IAC 6-9-4(g)(1);
					II.A.4.3.e - Has the means to send and receive unopened mail 460 IAC 6-9-4(f)(2);
					II.A.4.3.f - Has access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense 460 IAC 6-9-4(f)(3);
					II.A.4.3.g - Has the right to retain and use appropriate personal possessions and clothing 460 IAC 6-9-4(i)
					II.A.4.4 Provide an individual with the opportunity to participate in social, religious and community activities 460 IAC 6-9-4(h)
					II.A.4.5 Protect an individual's funds and property from misuse or misappropriations 460 IAC 6-9-4(j)
					II.A.5 Provider Organizational Chart: Does the provider have a current organizational chart?
					II.A.5.1 Parent organizations and subsidiary organizations; and
					II.A.5.2 Identification of all familial relationships within the organizational chart. DDRS Policy: Provider Organizational Chart, eff. 2-28-11
					II.A.6 Written Personnel Policy: Does the provider have a written personnel policy that contains all of the items required in 460 IAC and DDRS related policies?
					II.A.6.1 Reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
					II.A.6.2 Distributed to employees and agents
					II.A.6.3 A procedure for conducting reference and employment checks. 460 IAC 6-16-2(b)(2)
					II.A.6.4 A prohibition against employing or contracting with a person who has been convicted of any of the following offenses (felony):
					II.A.6.4.a - Sex crime;
					II.A.6.4.b - Battery;
					II.A.6.4.c - Neglect;
					II.A.6.4.d - Exploitation of an endangered adult or of a child;
					II.A.6.4.e - Failure to report battery, neglect, or exploitation of an endangered adult or of a child;
					II.A.6.4.f - Theft ,if the conviction occurred less than 10 years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5);
					II.A.6.4.g - Criminal conversion;
					II.A.6.4.h - Criminal deviate conduct;
					II.A.6.4.i - Murder;
					II.A.6.4.j - Voluntary manslaughter;
					II.A.6.4.k - Involuntary manslaughter;
					II.A.6.4.l - Offense related to alcohol or a controlled substance;
					II.A.6.5 A prohibition against hiring people without verified United States residency status. DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11
					II.A.6.6 A process for evaluating the job performance of each employee and/or agent at the end of their training period and annually thereafter. 460 IAC 6-16-2(b)(4)
					II.A.6.7 A process for evaluating the job performance of each employee and/or agent that includes feedback from individuals receiving services from the employee and/or agent. 460 IAC 6-16-2(b)(4)
					II.A.6.8 A description of the work-related behavioral criteria used by the provider to initiate substance abuse screenings with its owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
					II.A.6.9 Disciplinary procedures
					II.A.6.10 A process for suspending staff following a report of, and during an investigation of alleged abuse, neglect, or exploitation
					II.A.6.11 A description of grounds for disciplinary action against or dismissal of an employee or agent. 460 IAC 6-16-2(b)(5)(6)
					II.A.6.12 Safeguards that ensure compliance with HIPAA and all other Federal and State privacy laws. DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11

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NA	MET	NOT MET	MET	NOT MET	
					II.A.6.13 Written job description for each position that includes: 460 IAC 6-16-2(b)(1), DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11
					II.A.6.13.a - Minimum qualifications for the position;
					II.A.6.13.b - Major duties required of the position;
					II.A.6.13.c - Responsibilities of the employee/agent in the position;
					II.A.6.13.d - Whom the person/employee reports to.
					II.A. 7 Written Training Procedure: Does the provider have a written training procedure that contains all of the items required in 460 IAC and DDRS related policies?
					II.A.7.1 Reviewed and updated as appropriate 460 IAC 6-16-2(a)(1); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
					II.A.7.2 Distributed to employees and agents
					II.A.7.3 Mandatory orientation for each new employee/agent to assure the employee/agents' understanding of and compliance with the mission, goals, organization and applicability of 460 IAC Article 6. 460 IAC 6-16-3(b)(1); DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11
					II.A.7.4 A system for documenting the training for each employee/agent including:
					II.A.7.4.a - The topic of training provided;
					II.A.7.4.b - The name and qualifications of the trainer;
					II.A.7.4.c - The duration of the training (the time of day the training started and stopped);
					II.A.7.4.d - The date or dates of training;
					II.A.7.4.e - The signature of the trainer verifying satisfactory completion of the training by the owner, director, officer, employee, contractor, subcontractor or agent;
					II.A.7.4.f - The signature of the owner, director, officer, employee, contractor, subcontractor or agent? 460 IAC 6-16-3(b)(2)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
					II.A.7.5 A system for ensuring that a trainer has sufficient expertise and knowledge of the subject to achieve the listed outcomes; and is certified or licensed when the training topic addresses services or interventions requiring certified or licensed practitioners for assessment, plan development, or monitoring. 460 IAC 6-16-3(b)(3); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11
					II.A.7.6 A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive initial and at minimum annual training in the protection of an Individual's rights, including:
					II.A.7.6.a - respecting the dignity of an Individual;
					II.A.7.6.b - protecting an Individual from Abuse, Neglect, and Exploitation; and
					II.A.7.6.c - DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures.
					II.A.7.7 For Direct Support Professional Staff , a system for providing <u>initial training</u> (prior to delivering services to an individual) and <u>continuous</u> employee competence in the following additional areas:
					II.A.7.7.a - The DDRS approved core areas of competencies: Person centered planning; Protection against abuse, neglect, or exploitation; Health and wellness; Communication; Medication administration and medication side effects; First Aid and CPR. (Refer to DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11 for specific list)
					II.A.7.7.b - Physical intervention techniques needed for emergency behavioral supports; and
					II.A.7.7.c - Individual specific interventions? 460 IAC 6-16-3(b)(4)(A); DDRS Policy: Personnel Policies and Manuals, eff. 2-28-11; DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11. Be trained to competency in the Individual specific interventions for each Individual they are working with, including but not limited to the Individual's: Health and risk needs; Behavioral supports; Diet and nutrition needs; Swallowing difficulties; Medication administration needs; Side effects for prescribed medications; Mobility needs; Means of communication and corresponding; and Outcomes and strategies included in the Individualized Support Plan (ISP).
					II.A.8 Applicable to Behavioral Support Service providers ONLY: Does the provider have written policies and procedures that limit the use of restrictive procedures according to 460 IAC and DDRS policies?
					II.A.8.1 Limit the use of restrictive procedures, including physical restraint or medication. 460 IAC 6-18-3(1); DDRS Policy: Behavioral Support Plan eff. 2-21-11
					II.A.8.2 Focus on behavioral supports that begin with less restrictive/intrusive methods before more intrusive/restrictive methods are used. 460 IAC 6-18-3(2)
					II.A.8.3 Commit to developing BSPs within the following timeframes:
					II.A.8.3.a - Complete functional behavioral assessment of an individual within 45 days of either: The IST identifying and documenting unwanted behavior when the IST includes a behavioral support services provider; or The addition of a behavioral support services provider to an individual's IST following identification and documentation of unwanted behavior.
					II.A.8.3.b - Develop individual's BSP within 14 days of completing the behavioral assessment;
					II.A.8.3.c - Implement individual's BSP within 14 days of developing the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11
					II.A.8.4 Direct staff to include the following information in BSPs:
					II.8.4.a - Identifying information for the individual;
					II.8.4.b - Operational definition for alternate or replacement behaviors to be increased or taught;
					II.8.4.c - Alternate or replacement behavior objectives;

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NA	MET	NOT MET	MET	NOT MET	
					II.8.4.d - Data collection instruction for alternate or replacement behaviors to be increased or taught;
					II.8.4.e - Instructions for collecting data on alternate or replacement behaviors to be increased or taught;
					II.8.4.f - Operational definition for targeted behaviors to be decreased;
					II.8.4.g - Data collection instructions for targeted behaviors to be decreased
					II.8.4.h - Pro-active or preventative strategies;
					II.8.4.i - Reactive or de-escalation strategies;
					II.8.4.j - Signature page that includes the individual's, or the individual's legal representative, and the author's signatures
					II.A.8.5 Direct staff to include the following additional information in BSPs that include restrictive interventions:
					II.A.8.5.a - For psychotropic medications: The listing of psychotropic medications prescribed; The diagnosis for which each psychotropic medication is prescribed; The physician prescribing psychotropic medications; The side effects of each psychotropic medication; The list of behavioral and other data and information the IST will provide to the prescribing physician, and the frequency at which it will be provided; The psychotropic medication management plan by the prescribing physician that incorporates the data and information from the IST and addresses the starting, stopping, and adjusting of the psychotropic medication;
					II.A.8.5.b - For PRN psychotropic medications: The steps to be taken prior to administration and during the administration of a PRN psychotropic medication; The mandate for an IST meeting as soon as possible, but no later than 3 business days following each usage of a PRN psychotropic medication; The mandate to file a BQIS/BDDS incident report following every usage of a PRN psychotropic medication;
					II.A.8.5.c - Risk versus benefits analysis for restrictive interventions;
					II.A.8.5.d - Signature page that includes: The individual's, or the individual's legal representative, signature confirming informed consent for the BSP The author's signature; and The Human Rights Committee (HRC) Chairperson, following a statement confirming HRC review and approval of the BSP. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.8.6 Direct staff to provide the following additional information for BSPs that include restraints:
					II.A.8.6.a - A directive for release from restraint when the individual no longer presents a risk of harm to self or others;
					II.A.8.6.b - Measures to be initiated in the event of injury from restraint;
					II.A.8.6.c - Documentation of the person(s) executing the restraint;
					II.A.8.6.d - Documentation of the times and duration of restraint and the times and duration of any attempted release from restraint;
					II.A.8.6.e - Documentation of the individual's response to each restraint usage; and
					II.A.8.6.f - A directive to file a BQIS/BDDS incident report following each restraint usage. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.8.7 Assess all efforts at positive behavioral and environmental supports on a regular basis and at a minimum provide quarterly reports to the IST of progress that includes graphs of both targeted behavior and replacement behavior. DDRS Policy: Behavioral Support Plan eff. 2-21-11
					II.A.8.8 Outline competency based training procedures for an individual's BSP with either direct service staff or each of the individual's service providers' supervisory staff. DDRS Policy: Behavioral Support Plan eff. 2-21-11; DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11
					II.A.9 Emergency Behavioral Supports: Does the provider have a policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies?
					II.A.9.1 Specific, defined emergency interventions to be used for behavioral emergencies;
					II.A.9.2 Any appropriately trained staff that is authorized to select and initiate an emergency intervention;
					II.A.9.3 Training needed for staff prior to implementing emergency interventions;
					II.A.9.4 Directions for documenting:
					II.A.9.4.a - A description of the behavioral emergency;
					II.A.9.4.b - A description of the emergency intervention implemented;
					II.A.9.4.c - The person(s) implementing the emergency intervention;
					II.A.9.4.d - The duration of the emergency intervention;
					II.A.9.4.e - The individual's response to the emergency intervention;
					II.A.9.5 A mandate for the provider to convene an IST meeting as soon as is possible, but no later than three (3) business days, following the behavioral emergency to discuss the behavioral emergency, the emergency intervention used, and the supports needed to minimize future behavioral emergencies;
					II.A.9.6 A mandate that provider staff receive training on the written policy describing the process to be used for a behavioral emergency, prior to working with individuals. 460 IAC 6-10-13(a); DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.9.7 The provider's policy identifies the following conditions that must exist for a restrictive intervention to be used without being planned:
					II.A.9.7.a - An unanticipated behavioral emergency is occurring;
					II.A.9.7.b - An individual's behavior poses an imminent threat of harm to self or others;

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NA	MET	NOT MET	MET	NOT MET	
					II.A.9.7.c - There is no approved BSP for the individual that addresses the behavioral emergency, or there is an approved plan but it has been found to be ineffective and a more restrictive intervention is indicated based upon the individual's behavioral emergency;
					II.A.9.7.d - The intervention chosen is determined to be the least restrictive measure required to quell the unanticipated behavioral emergency. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.9.8 The provider's policy directs its staff to convene an IST meeting as soon as possible, but no later than two (2) business days following a behavioral emergency when a restrictive intervention was used. The purpose of this meeting is to plan supports to minimize any future necessity for emergency response, including but not limited to:
					II.A.9.8.a - Conducting assessments or reassessments based upon any changes in the individual's health or behavioral status;
					II.A.9.8.b - Making environmental adjustments, as may be indicated;
					II.A.9.8.c - Adding a behavioral support services provider to the IST, if indicated;
					II.A.9.8.d - Developing or revising the individual's BSP, as may be indicated. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.9.9 Any agreed upon supports should be documented by the case manager and implemented as soon as possible, but no later than 30 days from the IST meeting. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.9.10 Any restraint used for convenience or discipline. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11
					II.A.9.11 A prone restraint where an individual is face down on their stomach. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10
					II.A.9.12 Any aversive technique including but not limited to:
					II.A.9.12.a - Contingent exercise;
					II.A.9.12.b - Contingent noxious stimulation;
					II.A.9.12.c - Corporal punishment;
					II.A.9.12.d - Negative practice;
					II.A.9.12.e - Overcorrection;
					II.A.9.12.f - Seclusion;
					II.A.9.12.g - Visual or facial screening;
					II.A.9.12.h - Any other technique that incorporates the use of painful or noxious stimuli; incorporates denial of any health related necessity; or degrades the dignity of an individual. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10.
					II.A.9.13 Mechanical restraints except for when ordered as a medical restraint by a licensed physician or dentist. DDRS Policy: Use of Restrictive Interventions, eff. 2-28-11; DDRS Policy: Aversive Techniques, eff. 12-7-10
					II.A.10 Conflicts of Interest & Ethics: Does the provider have a conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements?
					II.A.10.1 The provider's conflict of interest policy should:
					II.A.10.1.a - State that situations involving conflicts of interest by an owner, director, agent, employee, contractor, subcontractor or officer performing any management, administrative or direct service to an individual shall be avoided. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11;
					II.A.10.1.b - Require disclosure of possible conflicts of interest by all of the provider's owners, directors, officers, employees, contractors, subcontractors or agents. DDRS Policy: Provider Conflict of Interest, eff. 2-28-11.
					II.A.10.2 The provider's code of ethics requires all owners, directors, officers, employees, contractors, subcontractors or agents to:
					II.A.10.2.a - Provide professional services with objectivity and respect for the unique needs and values of the individual being provided services;
					II.A.10.2.b - Provide sufficient objective information to enable an Individual, or the individual's legal representative, to make informed decisions; and
					II.A.10.2.c - Avoid discrimination on the basis of factors that are irrelevant to the provision of services. DDRS Policy: Provider Code of Ethics, eff. 2-28-11; Provider Relations Ancillary Services Checklist Part 4
					II.A.10.2.d - Accurately present professional qualifications;
					II.A.10.2.e - Assume responsibility and accountability for personal competence in providing services;
					II.A.10.2.f - Maintain professional licensure or accreditation;
					II.A.10.2.g - Adhere to acceptable standards for the owner, director, officer, employee, contractor, subcontractor or agent's area of professional practice;
					II.A.10.2.h - Comply with all laws and regulations governing a licensed or accredited person's profession;
					II.A.10.2.i - Maintain the confidentiality of individual information consistent with the standards of IAC 460 and all other state and federal laws and regulations governing confidentiality of individual information;
					II.A.10.2.j - Conduct all practice with honesty, integrity, and fairness;
					II.A.10.2.k - Fulfill professional commitments in good faith; and
					II.A.10.2.l - Inform the public and colleagues of services by using factual information. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
					II.A.10.3 The provider's code of ethics must state the provider's commitment to:
					II.A.10.3.a - Make reasonable efforts to avoid bias in any kind of professional evaluation;

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NA	MET	NOT MET	MET	NOT MET	
					II.A.10.3.b - Not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse or neglect, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. DDRS Policy: Provider Code of Ethics, eff. 2-28-11;
					II.A.10.3.c - Not subject its directors, officers, employees, contractors, subcontractors or agents to negative consequences as outlined in IC 22-5-3-3 following the director, officer, employee, contractor, subcontractor or agent reporting: The alleged abuse or neglect of an individual; Violation of Provider's policies and procedures; Violation of Division of Disability and Rehabilitative Services (DDRS) policies and procedures; and Violation of state and federal laws? DDRS Policy: Provider Code of Ethics, eff. 2-28-11; and
					II.A.10.3.d - Notify the appropriate party of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process. DDRS Policy: Provider Code of Ethics, eff. 2-28-11.
					II.A.10.4 The provider's code of ethics must prohibit:
					II.A.10.4.a - Advertising or marketing in a misleading manner;
					II.A.10.4.b - Engaging in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
					II.A.10.5 The provider will produce a policy in compliance with IC 22-5-3-3 that will include protections for whistleblowers who report:
					II.A.5.a - Allegations of abuse or neglect of an individual;
					II.A.5.b - Violation of provider's policies and procedures;
					II.A.5.c - Violation of DDRS policies and procedures; and
					II.A.5.d - Violation of state and federal laws. DDRS Policy: Provider Code of Ethics, eff. 2-28-11
					II.A.10.6 The provider will produce a policy that is consistent with 460 IAC 6-1-1 and includes:
					II.A.10.6.a - Prohibitions against giving gifts to state employees, special state appointees, the spouse or un-emancipated child of an employee, the spouse or un-emancipated child of a special state appointee, an individual potentially receiving services from the provider, and any guardian or family member of an individual potentially receiving services from the provider;
					II.A.10.6.b - Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving service from the provider and any guardian or family member of an individual receiving service from the provider. DDRS Policy: Provider Code of Ethics, eff. 2-28-11;
					II.A.11 Transfer of Individual's Records Upon Change of Provider: Does the provider's policy regarding the transfer of an individual's records upon change of provider comply with the state's requirements as outlined in 460 IAC 6-9-6?
					II.A.11.1 Discuss with the individual the new provider's need to obtain a copy of the previous provider's records and files concerning the individual 460 IAC 6-9-6 (a)(1);
					II.A.11.2 Provide the individual with a written form used to authorize the release of a copy of the records and files concerning the individual to the new provider 460 IAC 6-9-6 (a)(2); and
					II.A.11.3 Require the current provider to request the individual to sign the release form 460 IAC 6-9-6 (a)(3)
					II.A.11.4 Forward a copy of all of the individual's records and files to the new provider no later than 7 days after receipt of the individual's signed written release. 460 IAC 6-9-6 (b)
					II.A.12 Individual's Personal File at the Site of Service Delivery: Does the provider have a policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file at the site of service delivery?
					II.A.12.1 The individual's current ISP. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.2 A photograph of the individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.3 Telephone numbers for emergency services that may be required by the Individual to include at a minimum:
					II.A.12.3.a - The local emergency number, for example, 911;
					II.A.12.3.b - The individual's legal representative, if applicable;
					II.A.12.3.c - The local BDDS office;
					II.A.12.3.d - The individual's case manager;
					II.A.12.3.e - Adult Protective Services or Child Protection Services, as applicable;
					II.A.12.3.f - The Developmental Disabilities Waiver Ombudsman;
					II.A.12.3.g - Other service providers as documented in the individual's ISP;
					II.A.12.3.h - Any other telephone number identified for inclusion by the individual or the individual's legal representative. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.4 The individual's, or the individual's legal representative, consent for emergency treatment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.5 Systems outlined in the Health Care Coordination policy, as indicated for the Individual. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.6 The individual's history of allergies, if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.7 If responsible for providing health supports or health coordination, copies of medical, dental and vision services summary documentation to include:
					II.A.12.7.a - The most current medical, dental and vision consults and summary documentation, regardless of date of visit or service; and

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NA	MET	NOT MET	MET	NOT MET	
					II.A.12.7.b - All medical, dental and vision consults and summary documentation for visits or services during the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.8 A copy of the individual's risk plans, as applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.9 All risk plan documentation for the past 60 days. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.10 All medication administration recording forms for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.11 Documentation of:
					II.A.12.11.a - Changes in the individual's physical condition or mental status during the last two months;
					II.A.12.11.b - An unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last two months; and
					II.A.12.11.c - The response of each provider to the observed change or unusual event. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.12 A copy of the individual's Behavioral Support Plan (BSP), if applicable. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.13 All behavioral support services documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.14 If an individual's outcomes include bill paying and other financial matters and the provider is the residential provider or the representative payee:
					II.A.12.14.a - The individual's checkbook with clear documentation that the checkbook has been balanced; and
					II.A.12.14.b - Bank statements with clear documentation that the bank statements and the Individual's checkbook have been reconciled. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.15 All ISP outcome directed documentation for the previous two months. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.16 A listing of all adaptive equipment used by the individual that includes contact information for the person or entity responsible for replacement or repair of each piece of adaptive equipment? 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.12.17 All environmental assessments conducted during the previous two months, with the signature of the person or persons conducting the assessment on the assessment. 460 IAC 6-17-3 (a)(1)(2); DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11
					II.A.13 Notice of Termination of Services: Does the provider's policy for providing notification of termination of services meet 460 IAC 6-9-7 requirements?
					II.A.13.1 Give an individual and an individual's representative at least 60 days written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature. 460 IAC 6-9-7 (a)
					II.A.13.2 Participate in the development of a new or updated ISP prior to terminating services. 460 IAC 6-9-7 (b)(1)
					II.A.13.3 Continue providing services to the individual until a new provider providing similar services is in place. 460 IAC 6-9-7 (b)(2)
					II.A.14 Individual's Personal File; Provider's Office: Does the provider have a policy that complies with 460 IAC and DDRS policies for maintaining the individual's personal file at the provider's office?
					II.A.14.1 A duplicate copy of the site of service file. 460 IAC 6-17-4 (a); DDRS Policy: Individual's Personal Information: Provider's Office, eff. 2-28-11 (With the exception of the prior or previous two months' of documentation that is maintained at the site of service delivery as described in the DDRS Policy: Individual's Personal Information: Site of Service Delivery, eff. 2-28-11)
					II.A.14.2 A requirement to analyze and update documentation:
					II.A.14.2.a - According to the standards under IAC 460 Article 6 applicable to the services the provider is providing to an individual. 460 IAC 6-17-2 (d)(1);
					II.A.14.2.b - According to the professional standards applicable to the provider's profession. 460 IAC 6-17-2 (d)(2); and
					II.A.14.2.c - According to the individual's ISP. 460 IAC 6-17-2 (d)(3)
					II.A.14.2.d - At least every 90 days if: The standards under IAC 460 Article 6 do not provide a standard for analyzing and updating documentation. 460 IAC 6-17-2 (e)(1); The professional standards applicable to the provider's profession do not provide a standard. 460 IAC 6-17-2 (e)(2); A standard is not set out in the individual's ISP. 460 IAC 6-17-2 (e)(3)
					II.A.15 Incident Reporting: Does the provider have an incident reporting policy that complies with 460 IAC and DDRS policies?
					II.A.15.1 Alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
					II.A.15.1.a - Physical abuse, including but not limited to: intentionally touching another person in a rude, insolent or angry manner; willful infliction of injury; unauthorized restraint or confinement resulting from physical or chemical intervention; rape;
					II.A.15.1.b - sexual abuse, including but not limited to: nonconsensual sexual activity; sexual molestation; sexual coercion; sexual exploitation;
					II.A.15.1.c - emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause others to view the individual with hatred, contempt, disgrace or ridicule; Cause the individual to react in a negative manner.

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NA	MET	NOT MET	MET	NOT MET	
					II.A.15.1.d - domestic abuse, including but not limited to: physical violence; sexual abuse; emotional/verbal abuse; intimidation; economic deprivation; threats of violence; from a spouse or cohabitant intimate partner.
					II.A.15.2 Alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated) which includes but is not limited to:
					II.A.15.2.a - failure to provide appropriate supervision, care, or training;
					II.A.15.2.b - failure to provide a safe, clean and sanitary environment;
					II.A.15.2.c - failure to provide food and medical services as needed;
					II.A.15.2.d - failure to provide medical supplies or safety equipment as indicated in the Individualized Support Plan (ISP).
					II.A.15.3 Alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
					II.A.15.3.a - unauthorized use of the: personal services; personal property or finances; or personal identity of an individual;
					II.A.15.3.b - Other instance of exploitation of an individual for one's own profit or advantage or for the profit or advantage of another.
					II.A.15.4 Peer-to-peer aggression that results in significant injury by one individual receiving service, to another individual receiving services.
					II.A.15.5 Death (which must also be reported to Adult Protective Services or Child Protective Services, as indicated). Additionally, if the death is a result of alleged criminal activity, the death must be reported to law enforcement.
					II.A.15.6 A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.
					II.A.15.7 A fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.
					II.A.15.8 Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.
					II.A.15.9 Missing person when an individual wanders away and no one knows where they are.
					II.A.15.10 Alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:
					II.A.15.10.a - the individual's services or care are affected or potentially affected;
					II.A.15.10.b - the activity occurred at a service site or during service activities; or
					II.A.15.10.c - the individual was present at the time of the activity, regardless of location.
					II.A.15.11 An emergency intervention for the individual resulting from:
					II.A.15.11.a - a physical symptom;
					II.A.15.11.b - a medical or psychiatric condition;
					II.A.15.11.c - any other event.
					II.A.15.12 Any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation.
					II.A.15.13 Any injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment.
					II.A.15.14 A significant injury to an individual that includes but is not limited to:
					II.A.15.14.a - a fracture;
					II.A.15.14.b - a burn, including sunburn and scalding, greater than first degree;
					II.A.15.14.c - choking that requires intervention including but not limited to: Heimlich maneuver; finger sweep; or back blows.
					II.A.15.14.d - bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size;
					II.A.15.14.e - lacerations which require more than basic first aid;
					II.A.15.14.f - any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;
					II.A.15.14.g - any injury requiring more than first aid;
					II.A.15.14.h - any puncture wound penetrating the skin, including human or animal bites;
					II.A.15.14.i - any pica ingestion requiring more than first aid;
					II.A.15.15 A fall resulting in injury, regardless of the severity of the injury.
					II.A.15.16 A medication error or medical treatment error as follows:
					II.A.15.16.a - wrong medication given;
					II.A.15.16.b - wrong medication dosage given;
					II.A.15.16.c - missed medication - not given;
					II.A.15.16.d - medication given wrong route; or
					II.A.15.16.e - medication error that jeopardizes an individual's health and welfare and requires medical attention.
					II.A.15.17 Use of any aversive technique including but not limited to:
					II.A.15.17.a - seclusion (i.e. placing an individual alone in a room/area from which exit is prevented);

INITIAL SURVEY			FOLLOW-UP		INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	
					II.A.15.17.b - painful or noxious stimuli;
					II.A.15.17.c - denial of a health related necessity;
					II.A.15.17.d - other aversive technique identified by DDRS policy.
					II.A.15.18 Use of any PRN medication related to an individual's behavior.
					II.A.15.19 Use of any physical or mechanical restraint regardless of:
					II.A.15.19.a - planning;
					II.A.15.19.b - human rights committee approval;
					II.A.15.19.c - informed consent.
					II.A.15.20 Call 911 if indicated;
					II.A.15.21 Initiate safety actions for the Individual as is indicated and as is possible;
					II.A.15.22 Contact the following and notify them of the situation:
					II.A.15.22.a - in supported living settings, the Individual's case manager, or the case management vendor's 24hr crisis line if the case manager is not immediately available;
					II.A.15.22.b - a manager with the responsible provider company;
					II.A.15.22.c - the BDDS District Manager; and
					II.A.15.22.d - Adult Protective Services or Child Protective Services, as indicated; and
					II.A.15.22.e - Individual's legal representative
					II.A.15.23 File an incident report with BQIS using the DDRS approved electronic format available at https://ddrsprovider.fssa.in.gov/IFUR/ within 24 hours of initial discovery of a reportable incident. Initial incident report should include:
					II.A.15.23.a - Comprehensive description of incident;
					II.A.15.23.b - Description of circumstances and activities occurring immediately prior to incident;
					II.A.15.23.c - Description of any injuries sustained during incident;
					II.A.15.23.d - Description of both the immediate actions taken and actions planned but not yet implemented; and
					II.A.15.23.e - Listing of each person involved in incident, with a description of the role and staff title, if applicable, of each person involved
					II.A.15.24 Forward copy of electronically submitted incident report to the following people within 24 hours of initial discovery of a reportable incident:
					II.A.15.24.a - APS or CPS (as indicated) for all incidents involving alleged, suspected or actual abuse, exploitation, or death
					II.A.15.24.b - the individual's BDDS service coordinator;
					II.A.15.24.c - the individual's residential provider when receiving residential services;
					II.A.15.24.d - the individual's case manager when receiving services funded by waiver;
					II.A.15.24.e - all other service providers identified in the individual's Individualized Support Plan; and
					II.A.15.24.f - the individual's legal representative, if indicated.
					II.A.16 Collaboration and Quality Control: Does the provider have a policy that states its commitment to collaborating with individuals' other providers as identified in 460 IAC 6-10-7 and DDRS related policies?
					II.A.16.1 Collaborate with the individual's other service providers to provide services to the individual consistent with the individual's ISP. 460 IAC 6-10-7(a)
					II.A.16.2 Give the individual's case manager access to its quality assurance and quality improvement procedures. 460 IAC 6-10-7(b)
					II.A.16.3 Seizure management system designed by the individual's provider responsible for seizure management. 460 IAC 6-10-7(d); or
					II.A.16.4 Behavioral support plan designed by the individual's provider of behavioral support services. 460 IAC 6-10-7(f)
					II.A.16.5 Medication administration system designed by the individual's provider responsible for medication administration. 460 IAC 6-10-7(c)
					II.A.16.6 If an individual dies, a provider shall cooperate with the provider responsible for conducting an investigation into the individual's death. 460 IAC 6-25-9 460 IAC 6-10-7(g)
					II.A.17 Human Rights Committee: Does the provider have a human rights committee policy? 460 IAC 6-10-12, DDRS Policy: Human Rights Committee, eff. 2-28-11.
					II.A.17.1 Authorization by:
					II.A.17.1.a - The executive director or board of directors of the provider company(s) establishing the committee; or
					II.A.17.1.b - The Director or designee for DDRS established Human Rights Committees;
					II.A.17.2 A chairperson who:
					II.A.17.2.a - Is not an owner, director, officer, employee, contractor, subcontractor or agent of a BDDS approved provider entity authorizing the committee; and
					II.A.17.2.b - Is responsible for coordinating the committee's functions;
					II.A.17.3 Description of the committee's functions, including review of:

INITIAL SURVEY			FOLLOW-UP		INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	
					II.A.17.3.a - The use of restrictive interventions with an individual; and
					II.A.17.3.b - Other human rights issues for individuals.
					II.A.17.4 In addition to the chairperson consist of:
					II.A.17.4.a - At least one person who meets Behavioral Support Services provider qualifications per 460 IAC 6-4.3-2;
					II.A.17.4.b - At least one person with one or more years of work experience in the field of developmental disabilities who is: A physician; A licensed nurse; or A person who holds at minimum of a bachelor's degree in: Occupational Therapy; Physical Therapy; Speech-Language Pathology; Sociology; Special education; Rehabilitation; Psychology, or Other related human services field;
					II.A.17.4.c - At least one person with a developmental disability.
					II.A.17.5 Require participation of:
					II.A.17.5.a - minimum of 3 members for any meeting during which decisions involving individual entitlements or rights are made, and
					II.A.17.5.b - Disallow participation in committee deliberation and decision making by members of the IST of the individual whose entitlements or rights are being addressed. 460 IAC 6-10-12; DDRS Policy: Human Rights Committee, eff. 2-21-11
					FOCUS AREA III: The provider maintains employee information confirming key health, welfare and training issues.
					III.A.1 Files for each employee or agent of the provider: Do the provider's employee or agent files contain all of the general required documents stated in 460 IAC and DDRS policies? DDRS Policy: Personnel Records, eff. 2-28-11
					III.A.1.1 Each of the provider's employees' or agents' files must contain:
					III.A.1.1.a - Verification that the staff is at least eighteen (18) years of age. DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11
					III.A.1.1.b - Copy of a current driver's license for each employee/agent who transports individuals in a motor vehicle. 460 IAC 6-15-2(b)(6); Personnel Records, eff. 2-28-11
					III.A.1.1.c - For employees or agents who transport individuals in their personal automobiles: Proof of current automobile insurance. 460 IAC 6-15-2(b)(6); Personnel Records, eff. 2-28-11
					III.A.1.1.d - A negative TB screening dated prior to the employee providing services for all employees/agents including administrative and clerical staff. 460 IAC 6-15-2(b)(1); Personnel Records, eff. 2-28-11: Most common documentation is a signed and dated statement from the health department or other entity authorized to screen for TB. Evidence of a negative chest x-ray is required for individuals with a positive skin test, followed by annual symptom screenings by a licensed medical professional. A health screening signed by a licensed medical professional is required in the case of pregnancy.
					III.A.1.1.e - For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council. 460 IAC 6-15-2(b)(2); 20091214_BQIS1214 CPR Policy Reminder; DDRS Policy: Personnel Records, eff. 2-28-11
					III.A.1.1.f - Copies of current licensure, certification or registration for employees and/or agents whose job duties require such. 460 IAC 6-15-2(b)(5); Personnel Records, eff. 2-28-11
					III.A.1.1.g - Verification of a professional registry search for professionally licensed employees including the owner, officer, director, employee, contractor, subcontractor or agent that is free of citations for malpractice, malfeasance or other unprofessional actions. DDRS Policy: Documentation of Criminal Histories eff. 2-21-10
					III.A.2 Criminal background checks: Does the provider's employee or agent files contain evidence of the criminal background checks required in 460 IAC and DDRS policies? DDRS Policy: Personnel Records, eff. 2-28-11
					III.A.2.1 Each of the provider's employee/agent files should have evidence that a criminal history search was obtained from every state (including the Indiana Central Repository) and county, wherever located, in which an owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services has resided and/or worked during the 3 years before the criminal history investigation was requested. Provider Relations Ancillary Services Checklist Part 4; DDRS Policy: Documentation of Criminal Histories eff. 2-21-10
					III.A.2.2 A criminal background check that verifies each employee is free of <u>felony convictions</u> that include:
					III.A.2.2.a - Sex crime;
					III.A.2.2.b - exploitation of an endangered adult;
					III.A.2.2.c - failure to report battery, neglect, or exploitation of an endangered adult;
					III.A.2.2.d - abuse or neglect of a child; theft ,if the conviction occurred less than ten (10) years before the person's employment application date;
					III.A.2.2.e - murder;
					III.A.2.2.f - voluntary manslaughter;
					III.A.2.2.g - involuntary manslaughter;
					III.A.2.2.h - felony battery;
					III.A.2.2.i - felony offense related to a controlled substance
					III.A.2.2.j - criminal conversion
					III.A.2.2.k - criminal deviate conduct
					III.A.2.2.l - offense related to alcohol or a controlled substance

INITIAL SURVEY			FOLLOW-UP		INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	
					III.A.2.2.m - theft, if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5). 460 IAC 6-10-5(b)(1); DDRS Policy: Documentation of Criminal Histories eff. 2-21-10; DDRS Policy: Employment of Persons with Conviction of Prohibited Offenses or Non-Residency Status 2-21-11
					III.A.2.3 Verification of lack of findings from nurse aide registry for any owner, director, officer, employee, contractor, subcontractor or agent performing any management, administrative or direct service to an individual. 460IAC 6-10-5(d); DDRS Policy: Documentation of Criminal Histories eff. 2-21-10: The most common documentation for this item is a copy of the page in the state nurse aide registry with the alphabet range in which the employee's name would be located if there were a finding.
					III.A.3 Documentation of general training completed before employee begins working with an individual (For direct-care staff) : Does the provider's employee or agent files contain evidence that general training was completed in accord with 460 IAC and DDRS policies? 460 IAC 6-14-4; 460 IAC 6-15-2; DDRS Policy: Personnel Records, eff. 2-28-11; DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11; DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11; DDRS Policy: Professional Qualifications & Requirements, eff. 2-28-11
					III.A.3.1 Copies of the agenda for each training session the employee/agent attended. This serves as documentation of staff being trained. Agendas should include:
					III.A.3.1.a - Subject matter;
					III.A.3.1.b - Date and time (duration) of each training session;
					III.A.3.1.c - Name and title of person or persons conducting each training session;
					III.A.3.1.d - Documentation of the employee's or agent's attendance at each training session, signed by the employee or agent;
					III.A.3.1.e - Documentation of the employee's or agent's attendance at each training session, signed by the trainer. 460 IAC 6-15-2(b)(8); Personnel Records, eff. 2-28-11
					III.A.3.2 A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive <u>initial and at minimum annual training in the protection of an Individual's rights, including:</u>
					III.A.3.2.a - respecting the dignity of an Individual;
					III.A.3.2.b - protecting an Individual from Abuse, Neglect, and Exploitation; and
					III.A.3.2.c - DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures. DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11; DDRS Policy: Personnel Policies & Manuals, eff. 2-28-11; DDRS Policy: Professional Quals & Requirements, eff. 2-28-11
					III.A.3.3 Documentation of training for each employee/agent <u>who provides direct support</u> . Training should occur on the following topics:
					III.A.3.3.a - Person centered planning, which includes but is not limited to: Person centered planning tools; Respect and individual rights; Choice; Competence, and Community presence and participation. 460 IAC 6-14-4(a)(3); DDRS Policy: Requirements and Training of Direct Support Professional Staff, eff. 2-28-11
					III.A.3.3.b - Protection against abuse, neglect and exploitation, which includes but is not limited to: Causes of abuse, neglect, and exploitation; Prevention of abuse, neglect, and exploitation; and Reporting of abuse, neglect, and exploitation. 460 IAC 6-14-4(a)(2); DDRS Policy: Requirements and Training of Direct Support Professional Staff, eff. 2-28-11; DDRS Policy: Professional Qualifications and Requirements, eff. 2-28-11
					III.A.3.3.c - DDRS incident reporting including: DDRS' current policy on incident reporting; Provider's incident reporting policies and procedures; and BQIS/BDDS website for anyone to use to report incidents per the DDRS current policy. DDRS Policy: Professional Qualifications and Requirements, eff. 2-28-11
					III.A.3.3.d - Health and wellness, which includes but is not limited to: Universal precautions; Personal care; Safety during emergencies; Positive behavioral supports; Maintaining a safe environment; Nutrition and wellness; Vehicle safety; Safety during lifting and transferring; Diet and related health issues. 460 IAC 6-14-4(C)(4) & (5); 460 IAC 6-14-4(C)(6)(B); 460 IAC 6-14-4(C)(6)(D); 460 IAC 6-14-4(C)(7);DDR Policy: Requirements and Training of Direct Support Professional Staff, eff. 2-28-11
					III.A.3.3.e - Communication, which includes but is not limited to: Purpose of communication; Strategies for communicating; Communication with individuals; Communication with members of the individual's IST and other people of significance or influence in the individual's life; Conflict resolution; and Confidentiality of an individual's information. 460 IAC 6-14-4(a)(4); DDRS Policy: Requirements and Training of Direct Support Professional Staff, eff. 2-28-11
					III.A.3.3.f - Medication administration and medication side effects, which includes but is not limited to: Medication administration and side effects training by a licensed nurse; and Competency in medication administration documented by a licensed nurse. 460 IAC 6-14-4(c)(1); 460 IAC 6-14-4(C)(6)(C); DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11
					III.A.3.3.g - First Aid and CPR, which includes but is not limited to: Emergency precautions and preparedness; Injury and medical emergencies; and Cardiopulmonary Resuscitation 460 IAC 6-14-4(C)(2); DDRS Policy: Requirements & Training of Direct Support Professional Staff, eff. 2-28-11
					FOCUS AREA IV: Quality assurance/quality improvement
					IV.A.1 Internal Quality assurance/quality improvement system focused on the individual: Does the provider have a written policy on its quality assurance/quality improvement system that contains all the items required in 460 IAC and DDRS related policies?
					IV.A.1.1 An annual survey of Individual satisfaction;
					IV.A.1.1.a - Maintain a record of findings from the annual individual satisfaction surveys;
					IV.A.1.1.b - Have documentation of efforts to improve service delivery in response to survey findings;
					IV.A.1.2 An assessment of the appropriateness and effectiveness of each outcome included in the Individual's Individualized Support Plan (ISP).
					IV.A.1.3 A process for:
					IV.A.1.3.a - Reporting reportable incidents;
					IV.A.1.3.b - Analyzing data associated with reportable incidents. 460 IAC 6-10-10(b)(5)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;

INITIAL SURVEY			FOLLOW-UP		INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	
					IV.A.1.3.c - Developing and implementing a risk reduction plan to minimize potential for future incidents. 460 IAC 6-10-10(b)(5)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
					IV.A.1.3.d - Conducting a monthly review of the risk reduction plan of incidents to assess progress and effectiveness. 460 IAC 6-10-10(b)(5)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.
					IV.A.1.4 If medication is administered to an Individual by a Provider, a process for:
					IV.A.1.4.a - Identification of medication errors;
					IV.A.1.4.b - Analyzing data on medication errors and the persons responsible for them. 460 IAC 6-10-10(b)(6)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
					IV.A.1.4.c - Developing and implementing a risk reduction plan to mitigate and eliminate future medication errors. 460 IAC 6-10-10(b)(6)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
					IV.A.1.4.d - A monthly review of the risk reduction plan to assess progress and effectiveness. 460 IAC 6-10-10(b)(6)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.
					IV.A.1.5 If Behavioral Supports are provided by a Provider, a process for:
					IV.A.1.5.a - Tracking of target behaviors;
					IV.A.1.5.b - Analysis of the individual's targeted behavior data and behavioral health. 460 IAC 6-10-10(b)(7)(A); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
					IV.A.1.5.c - Development and implementation of proactive and reactive strategies to improve the individual's behavioral health. 460 IAC 6-10-10(b)(7)(B); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11;
					IV.A.1.5.d - Review of proactive and reactive strategies to assess progress and effectiveness. 460 IAC 6-10-10(b)(7)(C); DDRS Policy: Quality Assurance & Quality Improvement System, eff. 2-28-11.

SURVEY FINDINGS:

FOCUS AREA						
I. The Provider meets qualifications for waiver services being delivered.						

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – only to be completed if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

FOCUS AREA	
II.	The Provider has policies and procedures to ensure the rights of Individuals, to direct appropriate services, and to support and manage employees.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

FOCUS AREA

III. The Provider maintains employee information confirming key health, welfare and training issues.

If findings are identified in this section (III), you will need to provide evidence of Corrective Action Plan implementation for the original sample of personnel files (as described in the findings) and for an additional 5% sample of personnel files not previously reviewed. The surveyor will provide you with the names of the additional employee files two to three business days prior to follow-up verification, albeit on-site verification desk review of documentation.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

FOCUS AREA
IV. Quality assurance and quality improvement.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	CERT – Corrective Action Plan			CERT - Follow-up Verification	
Choose an item.		<u>Corrective Action Plan 1 - to be completed in space below by Provider</u>	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

CERT TRANSMISSION DATA

1. PROVIDER IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS HIGHLIGHTED IN LAVENDAR
2. SURVEYOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS HIGHLIGHTED IN BLUE
3. COORDINATOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS HIGHLIGHTED IN PINK
4. DMS IS RESPONSIBLE FOR ENTERING DATA IN ALL OTHER FIELDS.

DATE SCHEDULING BEGAN:		REVISED DATE CAP1 DUE FROM PROVIDER:		DATE CAP2 RECEIVED FROM PROVIDER:		DATE FOLLOW-UP VERIFICATION RESULTS SENT TO DMS:	
DATE ANNOUNCEMENT SENT:		DATE CAP1 RECEIVED FROM PROVIDER:		DATE CAP2 SENT TO SURVEYOR:		FOLLOW-UP VERIFICATION – IMPLEMENTED / PARTIALLY / NOT IMPLEMENTED	
DATE OF SURVEY:		DATE CAP1 SENT TO SURVEYOR:		DATE CAP2 SENT TO COORDINATOR:		DATE FOLLOW-UP VERIFICATION RESULTS SENT TO PROVIDER:	
DATE OF CLOSING MEETING:		DATE CAP1 SENT TO COORDINATOR:		DATE CAP2 SENT TO DMS:		DATE SURVEY COMPLETED:	
DATE FINDINGS REPORT SENT TO COORDINATOR:		DATE CAP1 SENT TO DMS:		CAP2 - APPROVED / PARTIALLY / DENIED		DATE SURVEY CLOSED:	
DATE FINDINGS REPORT SENT TO DMS:		CAP1 - APPROVED/ DENIED:		DATE CAP2 RESULTS SENT TO PROVIDER:		SURVEY REFERRED (YES/NO):	
SURVEY HAD FINDINGS (YES/NO):		DATE CAP1 RESULTS SENT TO PROVIDER:		CAP IMPLEMENTATION DATE:		DATE REFERRED:	
DATE INITIAL SURVEY RESULTS SENT TO PROVIDER:		DATE CAP2 DUE FROM PROVIDER:		DATE OF ANTICIPATED FOLLOW-UP VERIFICATION:		REASON FOR REFERRAL:	Choose an item.
DATE CAP1 DUE FROM PROVIDER:		DATE CAP1 RESULTS RE-SENT TO PROVIDER:		DATE FOLLOW-UP VERIFICATION COMPLETED:			
DATE INITIAL SURVEY RESULTS RE-SENT TO PROVIDER:		REVISED DATE CAP2 DUE FROM PROVIDER:		DATE FOLLOW-UP VERIFICATION RESULTS SENT TO COORDINATOR:			

POST REFERRAL FOLLOW-UP

SURVEYOR/COORDINATOR